Kansas Medical Assistance Programs

HEALTHCONNECT Kansas

From the office of the Fiscal Agent

Provider Line: **1-800-933-6593**
Consumer Line: **1-800-766-9012**

P.O. Box 3571, Topeka KS 66601-3571
Prior Authorization: 1-800-285-4978 or 785-274-5499
Prior Authorization Fax Lines: 1-800-913-2229 or 785-274-5956

MECASERMIN RINFABATE (INCRELEX®/IPLEX®) REQUEST FORM

Consumer Name: _____ Date: _____/_____/_____

Consumer ID#: _____ Date Of Birth: _____/_____/_____

Drug Requested: _____NDC: _____

Pharmacy Name: _____ Provider Medicaid ID#: _____

Phone Number: (_____)_____ Fax Number: (_____)_____

Pediatric Endocrinologist Name : _____Provider Medicaid ID#: _____

Phone Number: (_____)_____ Fax Number: (_____)_____

Provider Contact Person: _____ Phone Number: (_____)_____

Please provide the following information with this form:

1. Evaluation by endocrinologist documenting diagnosis.
2. Radiological evidence of open epiphyseal growth plates.
3. Copies of lab: IGF-1 percentile for age and gender as reported by referencing laboratory, Growth Hormone (2 GH secretagogues), Thyroid.
4. Documentation that thyroid and nutritional deficiencies have been corrected.
5. Height standard deviation score. Attach copy of printout.

Please complete the following information:

1. Diagnosis for Increlex/Iplex Therapy: _____
2. T4 value _____ normal range _____ Date_____/_____/_____
3. TSH value _____ normal range _____ Date_____/_____/_____
4. IGF-1 value _____ normal range _____ Date_____/_____/_____
5. Please indicate which agents were used for the stimulation studies and the peak value (should include two different secretagogues).

   Date _____/_____/_____ Please include normal ranges for this lab_____.

   _____ L-Dopa _____ ng/ml _____ Insulin _____ ng/ml _____ Glucagon _____ ng/ml

   _____ Arginine _____ ng/ml _____ Clonidine _____ ng/ml

Signature of Physician or Designee: _____

Completed form should be faxed to the Prior Authorization Unit at 1-800-913-2229.
This form will be returned unprocessed if it is not completed in its entirety.
If a case has been started and the information requested is not received within 15 working days, the case will be denied.